

# Workshop in Library Leadership 2003

## Registration Form

Name: \_\_\_\_\_ Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

I am a: ☐ Trustee ☐ Friend ☐ Staff Other \_\_\_\_\_

### Meals

☐ I prefer vegetarian meals

☐ I would like to bring a guest for:

**Thursday** ☐ Breakfast (\$7)

☐ Lunch (\$9)

☐ Dinner (\$14)

**Friday** ☐ Breakfast (\$7)

☐ Lunch (\$9)

**Guest Meals Total: \$** \_\_\_\_\_

### Registration **\*\*On-site registration will not be accepted\*\***

**Early Bird** (postmarked by August 29, 2003)

☐ Trustees and Friends (\$75)

☐ Staff and Others (\$85)

☐ Presenter (Free)

**Regular** (postmarked by September 12, 2003)

☐ Trustees and Friends (\$85)

☐ Staff and Others (\$95)

☐ Presenter (Free)

**Registration Total \$** \_\_\_\_\_

**Guest Meals and Registration Total \$** \_\_\_\_\_

### Payment Methods

Make check or money order payable to the **Washington State Library**. Do **not** send cash.

☐ Enclosed check for the amount of \$ \_\_\_\_\_

☐ Purchase Order Number \_\_\_\_\_

☐ Please bill:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Authorization (signature required)

Signature \_\_\_\_\_

Title \_\_\_\_\_

Mail registration to:

Washington State Library

Attn: Bobbie DeMiero

P.O. Box 42460

Olympia, WA 98504-2460

### Hotel

Please make your hotel reservations directly with Red Lion Yakima Gateway Hotel at 1.800.325.4000 or 509.452.6511.

**Please keep the pink copy of this form for your files.** Mail the remaining copies to the Washington State Library. Registration confirmation will be sent to each participant. For more registration information, call Bobbie DeMiero at 360.570.5577 or 1.866.538.4996.